

The Public Comment period has been extended for the MHSA Progress Report dated 4/10/07. You may submit comments in writing regarding the MHSA Progress Report, no later than June 15, 2007 to:

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To view the MHSA Progress Report, please see below.

COUNTY OF PLACER  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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Following please find a copy of the first Implementation Progress Report for Placer County's MHSA-Community Services and Supports Program. This report covers the first 11 months of operation, February – December 2006.

**Campaign for Community Wellness**

The Mental Health Services Act (MHSA) is one of several initiatives currently underway in Placer County working to transform mental health services. Together, these various funding streams and initiatives are part of a new coordination effort called the Campaign for Community Wellness. The overall goal of the Campaign for Community Wellness is to transform mental health services in Placer County using innovative, collaborative, culturally competent and consumer-guided approaches. Additional intents of the Campaign are to reduce stigma and embrace recovery around mental health issues. A key component to the Campaign is reaching underserved segments of the community.

**Mental Health Services Act (MHSA)  
IMPLEMENTATION PROGRESS REPORT  
February – December 2006**

**INTRODUCTION**

Placer County received an approval on its Community Services and Supports Plan in February 2006. Its Plan contained seven components:

1. Rallying Around Families Together (RAFT) – a Full Service Partnership for children.
2. Placer Transition-Age Youth (PTAY) – A Full Service Partnership for transition-age youth.
3. Whatever Its Takes (WIT) Team – A Full Service Partnership for adults.
4. Older adult Full Service Partnership.
5. Lake Tahoe System Development.
6. System Transformation (co-occurring, resiliency/recovery, cultural competency, and family/client driven system development strategies).
7. Mental Health Crisis Response and Triage.

Embedded in all of these strategies are the following “Essential Elements”:

- 1) Cultural Competence
- 2) Community Collaboration
- 3) Client/Family Centered
- 4) Recovery/Resilience/Strength-based and Wellness Focused
- 5) Co-occurring Competent
- 6) Early Intervention
- 7) Evidence-based Outcome Focus
- 8) Integrated Service
- 9) Accessibility

Great strides have been made in the development and implementation of all Full Service Partnerships (FSP), Outreach and Engagement, and System Development projects and are generally in conformance with the approved Plan. As is true throughout the state, most delays have been attributable to the difficulty in hiring staff. However, the majority of staff have now been hired, the offices are equipped, vehicles have been purchased to support community-based activities, and all FSP staff meet weekly to share their experiences and problem solve issues related to start-up, outreach and enrollment issues, and planning strategies that conform to the “whatever it takes” and “wrap around” models.

## **PROGRAM AND SERVICES IMPLEMENTATION**

Following is a more detailed description of progress for each of the service categories. The transformational activities of community collaboration, cultural competence, client/family driven mental health system, wellness/recovery/resilience focus, and service integration are woven throughout all aspects of these new and enhanced programs:

### **Full Service Partnerships**

#### **Children’s FSP:**

The County is expanding its Children’s System of Care through increasing its capacity for wrap-around services by 18 families. This program is designed to serve children who are at risk of an out-of-home placement due to serious mental illness. Wrap-around means that staff will provide “whatever it takes” to support the child and family. During the period of February – December 2006, outreach was made to the families that are reviewed by the placement and service screening systems. While wrap-around is one of the tools available to help families, most do not require an intensive level of service and some choose not to participate. However, 5 families were enrolled in the wrap-around program during the period of February – December 2006. Placer County, while already meeting its target, will continue its outreach to families and plans for more enrollments into the Children FSP program in 2007.

Placer County also received a SAMHSA grant, which will be enrolling 89 children and their families in a longitudinal study to learn more about the effectiveness of different

evidence-based practices. This study is anticipated to begin enrollment on March 1, 2007.

#### Transition Age Youth (TAY) FSP:

The goal is to provide services to targeted transition age youth and young adults who were un- or under-served. The Team receives referrals from Children's System of Care and has been transitioning 16 and 17-year-old children from wraparound to TAY services. In addition, referrals are accepted from the community. All referrals are assessed and receive information on obtaining services from providers in the community. Those children who are determined to be most at risk, due to serious mental illness and a history of hospitalization, out-of-home placement, co-occurring substance abuse, or incarceration are referred for intensive case management services.

The TAY Full Service Partnership completed the recruitment and hiring of two county Client Service Practitioner staff positions. The County entered into contracts with private non-profit organizations with Whole Person Learning and Child Abuse Prevention Council to provide specific TAY service staff, including a youth employee and resource specialist. Mechanisms (data bases within CSOC, CPS, Foster Care, school, etc) for identification of underserved and un-served Transitional Age Youth have been initiated. Criteria for differentiating levels of service within the TAY population (level 1 and level 2 enrollments) have been refined and include identifying those aging out of the foster care system and whether they have a chronic and persistent mental illness which places them at risk of hospitalization, institutionalization, or incarceration. Quality assurance protocols for enrollment and service oversight have been initiated including the establishment of a Transitional Review Team consisting of managerial representatives from ASOC, CSOC, Child Abuse Prevention Council and Whole Person Learning (contracted with community organizations).

The program has a capacity for 22 individuals and had 13 participants during this progress period. Due to the high acuity of these first full service partners, targeted outreach has been purposefully limited. However, beginning in 2007, the Team will be developing outreach strategies and ensuring that all service providers in the community are aware of the referral process to the TAY FSP.

#### Adult FSP:

The goal is to provide services to all adults who have historically been un- or under-served. Following the model of recovery and resiliency, the target population is adults who have been incarcerated, living in locked residential settings or those with frequent hospitalizations. In addition, efforts are being made to identify potential FSPs who are Latino or Native American. There are currently two Latino Adult FSPs. By providing these individuals with intensive case management, they have been able to adjust to independent living within the community and participate in meaningful activities within the community. Since most FSPs have recently returned to the community after years in a locked residential setting, learning about self-determination can be challenging. Therefore, the strategies include empowering the individual to take responsibility for decision-making regarding their quality of life and daily contact by the case manager to

help assist in following through with their plans. Several of the Adult FSPs have agreed to tell their stories of personal transformation on consumer panels. These panel presentations have occurred in various venues and have given the Placer County MHSA program a voice.

The Adult FSP has completed the recruitment and hiring of two County Client Service Practitioners and one Client Service Assistant staff positions. Recruitment is continuing for a qualified candidate to fill the vacant MHSA County Client Service Counselor position. A contract with Placer Independent Resource Services (PIRS) for a Personal Service Coordinator was finalized and approved by the BOS on October 10<sup>th</sup>. Mechanisms for identification of un-served and underserved adult consumers have been initiated. These mechanisms include outreach and engagement to programs addressing homeless services, criminal justice (including the county jail and mental health court), IMD services, and other institutional care facilities or organizations.

The Intensive Case Management Team has a capacity of 24 and as of December 31, 2006, there were 22 enrolled. Targeted outreach efforts were made to 23 individuals.

#### Older Adult FSP:

The goal is to provide services to older adults who have been historically un- or underserved through intensive case management. It is anticipated that referrals for this program will come from conservators, senior peer counselors, medical providers, and member agencies of the Older Adult Collaborative. The Older Adult Full Service Partnership has completed the recruitment and hiring of one County Client Service Counselor who is also a Licensed Psychiatric Technician. Recruitment is continuing for a qualified candidate to fill the vacant county Registered Nurse position. Placer County has had difficulty recruiting Registered Nurses, which has prompted the County Personnel Department to review RN benefits and recruitment strategies. A contract with Health for All, a local non-profit organization, was approved by the BOS on October 10, 2006, to provide a Gerontology Specialist to the MHSA team. Health for All has initiated recruitment for the gerontology specialist and has made contact with geriatric programs at CSUS and other academic institutions, geriatric provider organizations and geriatric service agencies. However, the position still remains unfilled. (The State may want to encourage the Workforce Development Task Force to consider strategies for increasing the number of mental health professionals with a specialization in gerontology.) Quality assurance protocols for enrollment and service oversight have been initiated and reviewed by the Older Adult Collaborative. An oversight group consisting of Older Adult Collaborative members and county staff will review general outreach and enrollment data and make recommendations to the FSP and County MHSA stakeholder steering committee.

As a result, while this program hopes to serve up to 25 individuals, as of December 31, 2006, there were only 3 participants. Outreach was limited to six individuals due to the lack of staffing.

## **OUTREACH AND ENGAGEMENT**

As previously discussed, FSP teams have focused their outreach activities to those identified as the highest priority. This includes identifying potential FSP enrollees who are currently living in group homes, locked residential facilities, incarcerated, or recently released from an acute hospitalization. Further targeted outreach is occurring within the ethnic communities which have been historically underserved – Latinos and Native Americans residing throughout Placer County.

Enhanced Inter-agency Collaboration: Also key to outreach and engagement efforts is enhanced inter-agency collaboration and integration of multiple services for youth, adults, and families in Placer County. MHSA oversight has been folded into existing interagency structures wherever possible. The long standing SMART Management Team (SMT) will oversee the activities of the Children's and TAY FSP's. A newly formed Transition Review Team (TRT) will be a sub committee of SMT to review TAY referrals for either Level 1 or 2 services and to provide guidance to improve services and integrate resources specific to the needs of the TAY population. A Youth Transition Action Team, which includes both youth and agency providers, meets once per month. The purpose of this meeting is for information sharing and program development in the areas of housing, education, and employment.

To further outreach and engagement activities with adults, a Consumer Council is being established. After conducting focus groups and a survey, the consumers have targeted 5 areas of interest: 1) Housing, 2) Reducing Stigma, 3) Increasing social activities, 4) Increasing support groups, and 5) Increasing the "Mentors Assisting Peers (MAP) program. The Adult System of Care is recruiting consumer employees who will attend clinical staff meetings in order to offer the client perspective on policy and service issues, and serve as "navigators," helping consumers to access services within the system. Finally, consumers continue to participate in "Listening Well" workshops, as well as, attending the statewide Client Network Forum.

While an oversight committee for adults does not currently exist, the Adult Team is using the MHSA Steering Committee and Consumer Council for input. They hope to eventually develop a client-centered Adult Services Advisory Committee which would assist in the development of self-help and recovery activities for consumers and family members and provide guidance for system transformation.

An interagency Older Adult Collaborative has been in existence for several years in Placer County. It will provide oversight for MHSA activities and guidance to assist with outreach, engagement, and integrate community resources to better serve older adults. In addition, the Collaborative has been actively providing input and suggestions regarding recruitment challenges.

### Native American and Latino Outreach:

Particular attention is being paid to outreach into the Latino and Native American communities to identify children and families who have not been adequately served. After collaboration with community leaders and the schools, a Native American Advisory

Group was established. The focus is to develop relationships and mutual training in order to provide services for those Native Americans not currently served by the United Auburn Indian Community Prevention and Wellness Center. Outreach efforts are also underway with the Latino community with the goal of establishing a Latino Advisory Council. The County is working in close partnership with the Family Resource Centers in key communities to achieve this goal. For example, staff work very closely with the Kings Beach Family Resource Center (FRC) which has a large Latino client base. The FRC has an outreach and education program which follows the “Promotora” model in which members of the community are trained in certain health areas and then are available as informal, neighborhood resource people within their community. The Promotora model will be replicated in the Family Resource Center located in the Western side of Placer County.

#### Community Wellness Campaign Steering Committee:

During the end of 2006, the MHSA Steering Committee had its role and mission expanded to include oversight of MHSA, SAMHSA, Child Welfare Re-design, and other community initiatives. To reflect this overarching new mission, the Campaign for Community Wellness was created with oversight provided by a steering committee. All committees’ activities relevant to MHSA will be reported to the Community Wellness Campaign Steering Committee. This Steering Committee is a community collaborative with representation from consumers, family members, community, and mental health providers, many of who served as the oversight committee during the MHSA Planning Process. The Steering Committee will review and report MHSA activities and provide guidance to insure system transformation is consistent with the values of recovery/resiliency, cultural competency, client/family driven services, and system collaboration and integration.

#### **SYSTEM DEVELOPMENT AND TRANSFORMATION**

Supports and structures have been put in place to increase peer and family lead recovery activities, to enhance cultural competency, and to train staff on collaborative, evidence-based-practices, which embrace the concepts of recovery and resiliency.

#### Consumer Voice:

The County has hired Family Advocates, Youth Coordinators (young adults who were part of the system as youth) and Youth Mentors to provide a consumer voice in the system and offer peer-to-peer services. The County is also contracting with United Advocates for Children in California to assist the community in establishing a Family and Youth run non-profit organization, which will provide advocacy, resources, and training on navigating through the mental health system. In addition, consumers are being hired as “navigators” to provide outreach and assistance to consumers who need help accessing services.

#### Co-occurring Substance Abuse:

Special attention is being paid to improve the treatment outcomes for those with co-occurring disorders. Dr.’s Minkoff and Cline have provided training and consultation to the staff and management of CSOC and ASOC, as well as, community partners to

improve access and engagement and treatment strategies for those with co-occurring disorders (COD) with emphasis on working more collaboratively in an integrated service model. Approximately 40 "COD Change Agents" were selected from both Placer HHS, and numerous community partner agencies, including our alcohol and drug treatment providers. These individuals participated in a two-day meeting with Dr.'s Minkoff and Cline regarding the implementation of a comprehensive and integrated system of care for persons with a mental illness and substance abuse disorder. In addition, individuals were trained in the establishment of baseline data so outcomes can be tracked. The COD Transformation Project Management Team formed and is working on a project charter which will include a work plan. Two HHS teams were selected for and received training on the Minkoff/Cline Compass assessment tool. Dr.'s Minkoff and Cline presented to Placer County psychiatrists on suggestions for COD competent psychiatry.

#### Welcome Center:

The County established a Welcome Center in Auburn which is open 4-days per week. Activities include peer support groups, classes, health care, housing and employment resources, arts and crafts, and an opportunity to socialize and make friends. During the last quarter of 2006, an average of 41 consumers participated in activities every day. A similar Center is being planned for Roseville. In addition, a Consumer Council is being established. After conducting focus groups and a survey, the consumers have targeted 5 areas of interest: 1) Housing, 2) Reducing Stigma, 3) Increasing social activities, 4) Increasing support groups, and 5) Increasing the "Mentors Assisting Peers (MAP) program. The Adult System of Care Division is recruiting consumer employees who will attend clinical staff meetings in order to offer the client perspective on policy and service issues. Finally, consumers continue to participate in "Listening Well" workshops, as well as, attend the statewide Client Network Forum.

#### Crisis Triage:

All crisis services have been physically relocated to the Sutter Roseville Hospital and staff respond directly as needed to the hospitals in Lake Tahoe and Auburn. For those individuals in crisis who already participate in case management, the Crisis Team calls the Case Manager to make the assessment. For individuals in crisis who are new to the system, the Crisis Team makes the assessment. If the individual meets 5150 criteria then an acute psychiatric hospital bed is found. By providing services within a hospital setting, consumers can more easily receive the requisite medical clearance before a psychiatric hospital will accept them.

However, for those individuals who do not meet the criteria, they are immediately referred to the new, MHSA funded, "Same Day, Next Day" Team for intensive crisis resolution services. The expectation is that this service will reduce hospitalizations by providing more immediate service to someone who is in crisis. A two-person team began operations in mid-November 2006, and will ensure that no one in crisis falls through the cracks. In its first 6 weeks of operation, 11 individuals were referred to the Same Day, Next Day Team. Based on the utilization, a third position was added to the team, as well as, consultative time with a Nurse Practitioner to better integrate with primary care needs. It is anticipated that a block of urgent appointment times will be



established with a psychiatrist to ensure that these individuals receive the care they need to avoid hospitalization.

#### Lake Tahoe System Development:

The Placer County CSS Plan identified the need to improve access to culturally competent care as a high priority for the greater Lake Tahoe area. After many months of an intensive recruitment effort, the Health and Human Services Tahoe Office has been able to hire bilingual/bicultural clinical and support staff. While persons who sought services used to be placed on a waiting list, all persons can now be seen in a timely manner for assessment, referral, and/or direct services. At weekly clinical staff meetings, participants are able to discuss cultural competency issues. Efforts are underway to hire a bilingual/bicultural Community Educator who will work closely with the Family Resource Center staff.

### **IMPACT OF SYSTEM DEVELOPMENT ON THE MENTAL HEALTH SERVICE SYSTEM**

System Development activities have had a far-reaching impact – way beyond those programs funded by MHSA. For example, most staff have been trained on the recovery model and the division launched a training effort to increase co-occurring disorder competencies. All divisions have developed a process to determine levels of care based on the wellness and recovery model, i.e. client driven, self-help inclusive, focused on quality of life, and in the least restrictive environment. A recruitment process got underway in late 2006 to hire consumers who will function as “system navigators” and serve on all clinical teams within Mental Health, AOD, and IHSS to ensure that the client voice is always present. These individuals are expected to be hired in the Spring of 2007.

### **EFFORTS TO ADDRESS DISPARITIES**

#### Efforts/strategies to address disparities in access and to improve outreach:

Placer County's Plan identified youth and adults who were incarcerated, in out-of-home or locked residential placement, or who had frequent hospitalizations, as well as, communities which have been historically underserved such as Native Americans, Latinos, and persons living in the greater Lake Tahoe area.

As previously mentioned, in combination with efforts funded by SAMHSA, particular attention is being paid to outreach into the Latino and Native American communities to identify children and families who have not been adequately served. After collaboration with community leaders and schools, a Native American Advisory Group was established. The focus is to develop relationships and mutual training in order to provide services for those Native Americans not currently served by the United Auburn Indian Community Prevention and Wellness Center. A Logic Model was adopted which includes guiding principles, strategies, activities, and outcomes, and is attached to this document as Exhibit A.

Outreach efforts are also underway with the Latino community with the goal of establishing a Latino Advisory Council. This effort has been a little more difficult because there is no one identifiable community group or agency, which represents

Latinos countywide. Further, this population tends to reside in several separate and distinct communities. The County is working in close partnership with the Family Resource Centers in key communities to achieve the goal of improved outreach and engagement. For example, staff work very closely with the Kings Beach Family Resource Center (FRC) which has a large Latino client base. The FRC has an outreach and education program which follows the “Promotora” model in which members of the community are trained in certain health areas and then are available as informal, neighborhood resource people within their community.

With regard to targeting persons currently residing in locked residential facilities, Placer County has had tremendous success in its efforts toward community re-integration. Nearly all of the 22 Adult FSP were residing in an IMD or had frequent hospitalizations. A “deep end service team” was established to begin visiting these individuals and developing a plan for community integration. The effort to get consumers re-integrated into the community has been very successful despite three significant barriers: 1) The need for more local housing alternatives, 2) The unwillingness of local board and care facilities to take individuals with co-occurring medical problems such as diabetes, and 3) The difficulty of an already over-burdened Mental Health out-patient program to take on more clients. Since housing is a critical component of the ability to bring consumers home, efforts are underway to increase the number of housing alternatives. For example, the division issued an RFP for more local board and care beds and proposals are currently being evaluated. In the meantime, the division entered into a contract with an out-of-county specialized board and care facility to function as a step down alternative for adults in a locked setting.

In addition, a Consumer Council is being established. After conducting focus groups and a survey, the consumers have targeted 5 areas of interest: 1) Housing, 2) Reducing Stigma, 3) Increasing social activities, 4) Increasing support groups, and 5) Increasing the “Mentors Assisting Peers” (MAP) program. The Adult Systems of Care is recruiting consumer employees who will attend clinical staff meetings in order to offer the client perspective on policy and service issues. The Welcome Center has provided a safe and peer friendly environment for outreach and engagement of many consumers. For example, a Halloween Party attracted 126 individuals, the majority of whom had not been at the center before. An average of 41 individuals visits the Welcome Center every day with 1-2 new persons showing up every day.

Finally, with regard to serving previously un-served older adults, the most significant barrier has been the inability to hire a nurse or gerontologist, despite major recruitment efforts. However, the collaborative of stakeholders who make up the Older Adult Advisory Group represents a success because barriers and challenges are now being addressed by a team of experts instead of each agency dealing with problems alone. As previously mentioned, the State may want to encourage the Workforce Development Task Force to consider strategies for increasing the number of mental health professionals with a specialization in gerontology.

#### Equal Employment Opportunities:

The staff hired under MHSA represents the most diverse team ever assembled by Placer County. Due to the excitement about the new programs and services, some staff requested lateral transfers into MHSA programs and others were hired after countywide recruitments. The MHSA team includes employees who are Latino, Native American, African American, gay, youth, family members, and consumers. Further, for those MHSA programs which were contracted out, providers with a track record of cultural competency, both in services and staffing, were selected.

#### Funding to Native American Organizations:

The single Native American service organization in Placer County was approached early in the planning process and was not interested in expansion. At the recommendation of the Native American Advisory Council, a Native American liaison was hired on contract to provide guidance on issues pertaining to cultural competence and service delivery.

#### Policy/System Improvements to Reduce Disparities in Requests for Proposals, Contracts:

While Placer County provides translations of its flyers and forms in Spanish, it continues to use the County's boilerplate RFP and contract language. County contracts contain language-prohibiting discrimination on the basis race, ethnicity, gender, age, religion, or sexual preference either in hiring or in service delivery. However language will need to be added about maintaining cultural competence. Informally, we selected agencies which have a track record of cultural competency, but that requirement is not reflected in our contracts. We plan to use the language used by other counties in their contracts in order to present it to our County Counsel for approval into the Systems of Care boilerplate contract and RFP language.

### **STAKEHOLDER INVOLVEMENT**

Consumers, family members, and stakeholders have been involved in the oversight, short term and long term planning, and day-to-day operations of Placer County's system transformation. Since the approval of Placer County's Plan in February 2006, continual updates have been provided to various groups of stakeholders.

The Mental Health, Drug and Alcohol Advisory Board meets monthly and by statute, has a membership comprised of over 50% of its members as consumers or family members of consumers. They have been advised of MHSA implementation activities at each meeting. Further, they review and approve every contract for services proposed by the division.

In May 2006, a meeting was held for consumers, Mental Health Board members, and members of the MHSA Steering Committee to discuss system transformational activities. It included a panel of consumers and family members sharing their stories of recovery and resilience, which helped, set the tone for participation in a transformational process. The consumer panel was so powerful and successful; it has been used as several subsequent community and stakeholder meetings.

As previously discussed, Placer County is establishing a Consumer Council. Consumers were invited to participate in various types of training, including the Listening Well program which instructs individuals how to tell their stories. Their peers conducted a telephone survey of consumers and 105 persons chose to participate. The survey asked about the types of services, recreational activities, fitness programs, and classes the respondent would like to see offered within the Welcome Center. (see Exhibit B) It also asked about barriers to participating in programs. As a result of the survey, 5 areas were selected to focus efforts. They include 1) Housing, 2) Reducing Stigma, 3) Increasing social activities, 4) Increasing support groups, and 5) Increasing the "Mentors Assisting Peers" (MAP) program. The consumers at the Welcome Center have also begun publishing a newsletter which is both mailed to consumers and made available at the Center. This serves as a mechanism to keep consumers informed of new services, activities, and opportunities for recovery. (see Exhibit C)

Placer County is hiring consumers to serve on the internal clinical teams to ensure that the consumer voice is always present in program planning and problem solving. The recruitment began in late 2006, and consumer staff positions should be filled by Spring of 2007.

Family members and youth have been actively involved in the development of recovery and resiliency based programs. Family Advocates and Youth Mentors have been hired by the County to provide assistance to individuals and families new to the system. In addition to involvement in direct services, oversight activities and program planning, the Children's System of Care is funding a technical assistance contract which will help clients and family members form a non-profit organization. It is hoped that Articles of Incorporation will be filed with the State and a 501C3 status be granted by the IRS in June of 2007.

Improving cultural competency has also necessitated on-going involvement of the Native American and Latino communities in the planning process. After collaboration with community leaders and the schools, a Native American Advisory Group was established. The focus is to develop relationships and mutual training in order to provide services for those Native Americans not currently served by the United Auburn Indian Community Prevention and Wellness Center. Beginning in 2007, the Advisory Group plans to meet monthly. Later in 2007, it hopes to bring the "Tribal Start" training program to Placer County. This program teaches community and school providers about appropriate services for Native American children.

Outreach efforts are also underway with the Latino community with the goal of establishing a Latino Advisory Council. A majority of 2006 was spent developing relationships with key leaders in the various Latino communities. The County is working in close partnership with the Family Resource Centers in key communities to achieve this goal. In addition, the County will be requesting Technical Assistance through SAMHSA on the best approach to establish this and other Advisory Councils.

Stakeholders also include the many service providers in Placer County who are part of the continuum of care. Many of these groups have already been mentioned – the Older Adult Collaborative, Placer Community Network, Children’s System of Care, to name a few. Staff from the MHSA programs serve on all of these committees and regularly provide updates, answer questions, and seek input from the attending members. Mental Health providers in the community were invited to participate in several of the training opportunities on recovery and treatment of co-occurring disorders.

During the end of 2006, MHSA staff worked with Placer Collaborative Network staff to assist in “getting the word out” about the system transformation taking place at Mental Health. One of the first decisions was to rename and broaden the role of the MHSA Steering Committee to the Campaign for Community Wellness Steering Committee. This allowed one representative group to provide oversight and guidance to new programs funded by MHSA and SAMHSA, as well as, other activities promoting health and an improved quality of life for Placer County residents. New members were added to the Steering Committee to ensure adequate representation from consumers, family members, the Native American and Latino communities, law enforcement, and other key stakeholders. Intensive planning activities occurred in November and December of 2006, and in early 2007, numerous newspaper stories, a well-attended public kick-off event, and the first meeting of the newly named Community Wellness Steering Committee occurred.

With regard to web-based sources of information, Placer County has implemented and is publicizing the Network of Care Mental Health Information Website and a Campaign for Community Wellness site. These offer yet another medium for persons to access information on MHSA and other system transformational activities.

## **PUBLIC REVIEW AND HEARING**

The draft Implementation Progress Report was completed in late March and was published on Placer County’s web page on (TBD). The Mental Health Drug and Alcohol Advisory Board received a copy for review on March 26, 2007. In addition, copies were presented to members of the Campaign for Community Wellness Steering Committee (the new name of our MHSA Steering Committee), Placer Collaborative Network (a collaborative of 250 community based organizations), the Senior Advisory Committee, the Native American Advisory Committee, all Family Resource Centers, cities, libraries, the Consumer Council, NAMI, and other persons who were on our MHSA mailing list. In addition, copies were made available at all office locations and the Consumer Welcome Center. A notice regarding the availability of the document plus the time and location of public hearing was published in the (Auburn, Roseville, Tahoe papers). A press release with similar information was sent to local radio and television media including the Spanish language stations.

\*A description of the public hearing and a review of public comments received will be added before this document is submitted to the State.

## **TECHNICAL ASSISTANCE AND OTHER SUPPORT**

To date, the State has been very responsive to our questions. After discussion with staff and stakeholders, Placer County is likely to need additional technical assistance on cultural competency and the provision of local training opportunities for consumers, family members, and staff. We are always interested in hearing about strategies, which have worked well in other similarly situated counties. Finally, as previously mentioned, the State may want to encourage the Workforce Development Task Force to consider strategies for increasing the number of mental health professionals with a specialization in gerontology. We would be very interested in any suggestions on how to recruit such individuals.